

Georgia IRP Application
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SECTION 1 Before completing this application please read all of the instructions on page #2 of this form or click on the links to see specific instructions. Except for the signature, type, legibly handprint or complete on-line and print.												
(1) New Account? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes", attach Schedule G (Form T-239)			(2) 5-Digit Georgia IRP Account #		(3) 3-Digit Georgia Fleet #		(4) 3-Digit Georgia Supplement #		(5) Registrant's US DOT #		(6) Federal Employer Identification # (FEIN) or Social Security #	
(7) Registrant's/Carrier's Full, Legal Name and Business Address in Georgia including city, state and zip code. If the Registrant/Carrier is an individual, record first name, middle name and last name. A post office box is <u>not</u> acceptable.										(7a) Georgia County Name		
(8) Registrant's/Carrier's Mailing Address , including city, state and zip code if different from the address recorded above in #7. A post office box is acceptable.												
(9) Registrant's/Carrier's Business Telephone # including area code			(9a) Registrant's/Carrier's Cell Phone # including area code				(9b) Registrant's/Carrier's Fax # including area code			(9c) Registrant's/Carrier's Internet E-mail Address		
(10) Contact Person's Name :			(10a) Contact Person's Telephone # including area code				(10b) Contact Person's Fax # including area code			(10c) Contact Person's Internet E-mail Address		
(11) Wyoming Intrastate? <input type="checkbox"/> Yes <input type="checkbox"/> No			(13) Reason for the IRP Application				(14) Required Document(s)					
<div>(12) Type of Operation – Check the box that applies to your operation: <div>Private Carrier <input type="checkbox"/> All Commodities <input type="checkbox"/> Straight Truck – Agriculture/Fertilizer <input type="checkbox"/> Truck -Tractor – Fertilizer/Milk/Crops <input type="checkbox"/> Farm Vehicle – Farm Products/Farm Equipment <input type="checkbox"/> Forest Products - Check one box below: [] Twin Beam Trailer [] Single Pole Trailer For Hire Carrier <input type="checkbox"/> All Commodities <input type="checkbox"/> Household Goods <input type="checkbox"/> Bus – Record number of seats: _____</div></div>			<div>The letters after each reason indicate the documents that must be included with this IRP application. After checking the reason for this application, check the same letters in column (14) and submit the required documents with this application. <input type="checkbox"/> New Applicant operating under your own authority – A, B, D, E, F, H, K, L & M <input type="checkbox"/> New Applicant operating under another's authority – A, B, D, E, F, G, H, I, K, L & M <input type="checkbox"/> Renewal operating under your own authority – A, B, D, F, H, J, L & M <input type="checkbox"/> Renewal operating under another's authority – A, B, D, F, G, H, I, J, L & M <input type="checkbox"/> Add Jurisdiction(s) – A & B <input type="checkbox"/> Add Weight Group – A <input type="checkbox"/> Change Type of Operation – A & B <input type="checkbox"/> Change USDOT Information –A & J Corrections [] Address – A & M [] Name – A [] Mileage - B <input type="checkbox"/> Fleet to Fleet Transfer – A, B & C <input type="checkbox"/> Increase Weights – A & D <input type="checkbox"/> Vehicle Transfer (Add/Delete Vehicles) – C</div>				<div>Check the applicable boxes below indicating the documents that are being submitted with this application. The letters shown after each box you check should match the letters found in column (13) behind the reason for the IRP Application. <input type="checkbox"/> A. This application, Vehicle Schedule A (Form T-138) <input type="checkbox"/> B. Mileage Schedule B (Form T-139) <input type="checkbox"/> C. Supplemental Application Schedule C (Form T-140) <input type="checkbox"/> D. IRS Heavy Vehicle Use Tax Receipt, Form 2290, <u>current</u>, <u>stamped</u>, if vehicle's gross weight is 55,000 lbs. or more <input type="checkbox"/> E. New Applicant Schedule G (Form T-239) <input type="checkbox"/> F. Insurance Card (copy) <input type="checkbox"/> G. Employment Lease Contract with the Carrier <input type="checkbox"/> H. Georgia Driver's License (copy) <input type="checkbox"/> I. Equipment Lease Agreement, signed with signature notarized, if the Registrant/Carrier is <u>not</u> the vehicle owner <input type="checkbox"/> J. Motor Carrier Services' Certification – Update <u>annually</u> from the FMCSA website, http://safer.fmcsa.dot.gov/, or call (404) 562-3620. <input type="checkbox"/> K. Report required motor carrier information to FMCSA –on-line from the FMCSA website, http://safer.fmcsa.dot.gov/ or call (404) 562-3620 <input type="checkbox"/> L. One & the Same Affidavit - When the Registrant/Carrier Name & the Vehicle Owner Name differ, but are one & the same party. <input type="checkbox"/> M. Proof of Georgia Residency/Established place of business</div>					
SECTION 2												
(1) Weight Group Number : _____ If you are a first-time Georgia IRP registrant, leave this field blank and a number will be assigned.												
(2) Record the maximum gross vehicle weight that each vehicle in this fleet will travel in the following jurisdictions:												
Alabama (AL)	California (CA)	Georgia (GA)	Kentucky (KY)	Mexico (MX)	Nebraska (NE)	New Mexico (NM)	Ohio (OH)	Quebec (QC)	Texas (TX)	Wisconsin (WI)		
Alaska (AK)	Colorado (CO)	Idaho (ID)	Louisiana (LA)	Michigan (MI)	Nevada (NV)	New York (NY)	Oklahoma (OK)	Rhode Island (RI)	Utah (UT)	Wyoming (WY)		
Alberta (AB)	Connecticut (CT)	Illinois (IL)	Maine (ME)	Minnesota (MN)	New Brunswick (NB)	North Carolina (NC)	Ontario (ON)	Saskatchewan (SK)	Vermont (VT)	Yukon Territory (YT)		
Arizona (AZ)	Delaware (DE)	Indiana (IN)	Manitoba (MB)	Mississippi (MS)	Newfoundland (NF)	North Dakota (ND)	Oregon (OR)	South Carolina (SC)	Virginia (VA)			
Arkansas (AR)	District of Columbia (DC)	Iowa (IA)	Maryland (MD)	Missouri (MO)	New Hampshire (NH)	Northwest Territory (NT)	Pennsylvania (PA)	South Dakota (SD)	Washington (WA)			
British Columbia (BC)	Florida (FL)	Kansas (KS)	Massachusetts (MA)	Montana (MT)	New Jersey (NJ)	Nova Scotia (NS)	Prince Edward (PE)	Tennessee (TN)	West Virginia (WV)			
SECIION 3 Complete form T-138A if space for more vehicles is needed.												
(1) Unit/ Equip. #	(2) Vehicle Identification Number (VIN)	(3) # Of Axles or Seats	(4) Empty Weight of Vehicle	(5) Combined Gross Weight	(6) Vehicle's Purchase Price	(7) Factory List Price	(8) Owner's Legal Name(s)	(9) Georgia Title #	(10) Short Term Lease/ Safety Change Ind. (Y/N)	(11) Carrier's FEIN #	(12) US DOT #	
(1) Under penalty of perjury, I hereby certify that I am the Registrant/Carrier or I am authorized to sign for the above named Registrant/Carrier. I further certify that the information shown on this form and all attachments is complete and correct:												
_____ (Signature)			_____ (Printed Name)			_____ (Position or Job Title)			_____ (Date)			

Instructions for Completing Vehicle Schedule A (Form T-138)

Use Vehicle Schedule A (Form T-138) for your initial registration of each fleet or weight group of vehicles, or when adding jurisdictions or increasing weights. Please do not list vehicles that only travel in Georgia or weigh less than 26,001 lbs. IRP registration cannot be completed nor can the fees be calculated until all of the required information is received. The numbers in parentheses () on page one (1) of this application correspond to the paragraphs below.

Section 1

1. New Account? Check the "Yes" box if you are applying for Georgia IRP registration for the first time.
2. 5-Digit Georgia IRP Account #: Record the Registrant's/Carrier's 5-digit Georgia IRP account number. First time Registrants should leave this space blank.
3. 3-Digit Georgia Fleet #: Record a three-digit fleet number. A fleet is one or more vehicles that all travel in the same jurisdictions. A separate Vehicle Schedule A (Form T-138) and Mileage Schedule B (Form T-139) are required for each fleet. Number each fleet in order, i.e. 001,002, 003, etc.
4. 3-Digit Georgia Supplement #: Leave blank and a supplement number will be assigned.
5. Registrant's US DOT#: Record the Registrant's US DOT number. File for your US DOT number or update your Motor Carrier Services Identification Report (MCS-150) from the Federal Motor Carrier Safety Administration's website, <http://safer.fmcsa.dot.gov/> or call (404) 562-3620. Motor carrier forms dated more than one-year from the last update will not be accepted.
6. Federal Employer Identification # (FEIN) or Social Security #: Record the Registrant's Federal Employer Identification Number (FEIN). If the Registrant does not have a FEIN, record the Registrant's social security number and apply for a FEIN immediately with the [Internal Revenue Service \(IRS\)](#). Click on the link to connect to the IRS website.
7. Registrant's/Carrier's Full, Legal Name and Business Address in Georgia including city, state and zip code. If registrant is an individual, record first name, middle name and last name. A post office box is not acceptable: Record the Registrant's/Carrier's complete name and business address in Georgia including the city, state and the zip code. Please do not abbreviate the city. This address is the same address where the operational records and mileage records for the fleet are maintained. Plates will be mailed to the business address.
7a. Georgia County Name: Record the name of the county in Georgia where the Registrant's/Carrier's business address is located.
8. Registrant's/Carrier's Mailing Address, including city, state and zip code if different from the business address recorded in #7. A post office box is acceptable. The Registrant's/Carrier's complete mailing address should be shown when different from the business address shown in #7. Plates will not be mailed to the mailing address.
9. Registrant's/Carrier's Business Telephone # including area code: A publicly listed business telephone number is required.
9a. Registrant's/ Carrier's Cell Phone # including area code: Optional
9b. Registrant's/Carrier's FAX # including area code: Optional
9c. Registrant's/Carrier's Internet E-mail address: Optional
10. Contact Person's Name: Record the complete name of the person to contact regarding this application. This person must be authorized to answer questions on this application. A [power of attorney](#) may be necessary.
10a. Contact Person's Telephone #: If a contact person is named, the contact person's telephone number including the area code is required.
10b. Contact Person's FAX #: Optional
10c. Contact Person's Internet E-mail Address: Optional
11. Wyoming Intrastate? Check the "Yes" box if the vehicles in this fleet will operate intrastate in the state of Wyoming during this registration year.
12. Type of Operation: Check the applicable box that describes your type of operation. If transporting forest products, also check the type of trailer.
13. Reason for the IRP Application: Check the box to indicate the reason for the IRP application. The letters after each reason identify the documents that must accompany this application. Check the same letters in column (14).
14. Required Document(s): Please make sure the documents that you checked are submitted with this application.

Section 2

1. Weight Group Number: Record a three-digit weight group number. A weight group is a group of vehicles within the same fleet, which register at different weights from other vehicles within the same fleet. Use a separate Schedule A (Form T-138) for each different weight group.
2. Jurisdiction(s): Record the maximum gross vehicle weight at which the vehicles in this fleet will operate during this registration year in the applicable jurisdiction boxes.

Section 3

1. Unit/Equip. #: Record the equipment or unit number for each vehicle. The Registrant/Carrier assigns this number. Each vehicle requires a different unit or equipment number. Numbers cannot be reused in a license year.
2. Vehicle Identification Number (VIN): Record the vehicle's complete vehicle identification number (VIN) as it appears on the vehicle's Georgia certificate of title.
3. # Of Axles or Seats: Record the number of axles, including the steering axle, for trucks. Do not include trailer axles with truck axles. Record the number of seats for buses only.
4. Empty Weight of Vehicle: Record the empty weight of the tractor or truck.
5. Combined Gross Weight: Record the combined weight of the tractor, trailer, and the heaviest cargo that the vehicle will carry.
6. Vehicle's Purchase Price: Record the price the current owner paid for the vehicle minus any trade-in, sales or use tax and finance charges.
7. Factory List Price: Record the vehicle's factory list price.
8. Owner(s)' Legal Name(s): Record the vehicle owner(s)' name(s) as it appears on the vehicle's Georgia certificate of title.
9. Georgia Title #: Record the vehicle's Georgia certificate of title number. Titles are required for 1986 and newer year model vehicles.
10. Short Term Lease/Safety Change Ind. (Y/N): Record a "Y" if the vehicle will be rented or leased for thirty-days or less during this registration year.
11. Carrier's FEIN #: Record the Carrier's Federal Employer Identification Number (FEIN). If the Carrier does not have a FEIN, record the Carrier's social security number and apply for a FEIN immediately with the [Internal Revenue Service \(IRS\)](#). Click on the link to connect to the IRS website.
12. US DOT#: Record the Carrier's US DOT Number. If a "Y" is entered in the Short Term Lease/Safety Change Ind. column (10), a US DOT number is required. Registrants/Carriers are required to update their Motor Carrier Identification Report (Form MCS-150) annually. File for a US DOT number or update your Motor Carrier Services Identification Report (MCS-150) from the Federal Motor Carrier Safety Administration website, <http://safer.fmcsa.dot.gov/> or call (404) 562-3620. Motor carrier forms dated more than one-year from the last update will not be accepted.

Section 4

1. Signature, Printed Name, Position or Job Title & Date: The Registrant/Carrier or an authorized agent is required to sign this completed application, print their name, record their position or job title with the company, and record the date (month, day and year) they sign the application.

Do not submit money with this application. You will be billed later.

Applications for Georgia IRP registration may be submitted by mail or in-person as follows:

Mailing Address: ATTN: IRP Unit, Dept. of Revenue – Motor Vehicle Division, PO Box 16909, ATLANTA, GA 30321

In-Person Address: Department of Revenue, Motor Vehicle Division, 1200 Tradeport Boulevard, Hapeville, GA 30354 - Open from 8:00 a.m. to 4:30 p.m. Monday through Friday excluding state holidays

Telephone Number: (404) 675-6135

Website: www.dor.ga.gov this application can be completed and printed from this Department's website for signing and submission by mail or in-person.